

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	17509-0072
	Named Inventor(s)	Barry M. Ymt v, et al.
	Title	Medical Device for Neural Stimulation and Controlled Drug Delivery
	Express Mail Label No.	EV 330773695 US

  

<b>APPLICATION ELEMENTS</b>	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages: <b>30</b></span> <ul style="list-style-type: none"> <li>• Descriptive title of the invention</li> <li>• Cross Reference to Related Applications</li> <li>• Statement Regarding Fed sponsored R &amp; D</li> <li>• Reference to sequence listing, a table, or a computer program listing appendix</li> <li>• Background of the Invention</li> <li>• Brief Summary of the Invention</li> <li>• Brief Description of the Drawings <i>(if filed)</i></li> <li>• Detailed Description</li> <li>• Claims(s)</li> <li>• Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <b>3</b> 5. Oath or Declaration <span style="float: right;">Total Pages <b>3</b></span> a. <input checked="" type="checkbox"/> Unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> (i) <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix).	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. <input type="checkbox"/> Form PTO/SB/35 17. <input checked="" type="checkbox"/> Other: <u>Check for \$585.00</u>
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18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information and in a preliminary amendment, or in an Application Date Sheet under 37 CFR 1.76:  
☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_  
 Prior application information: Examiner: \_\_\_\_\_ Group Art Unit: \_\_\_\_\_  
**For CONTINUATION OR DIVISIONAL APPLS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

19. **CORRESPONDENCE ADDRESS:** Customer No. **29052**  
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Signature: <i>Kevin W. King</i>	Date: <b>October 6, 2003</b>

 22264  
 10/679763


**FEE TRANSMITTAL**

Attorney Docket No. 17509-0072

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): Barry M. Yomtov, Stephen J. Herman, and John T. Santini, Jr.

Filing Date: **October 6, 2003**

Title: Medical Device for Neural Stimulation and Controlled Drug Delivery

The filing fee is calculated as shown below:

**1. FILING FEE:**

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$385	\$385.00	\$770	
<input type="checkbox"/> DESIGN FILING FEE	\$170		\$340	
<input type="checkbox"/> PLANT FILING FEE	\$265		\$530	
<input type="checkbox"/> REISSUE FILING FEE	\$385		\$770	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$80		\$160	
SUBTOTAL (1)		\$385.00		\$

**2. CLAIMS:**

SMALL ENTITY				LARGE ENTITY		
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS	35 - 20 =	15	x 9 =	\$135.00	x 18 =	
INDEP. CLAIMS	1 - 3 =	0	x 43 =		x 86 =	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+145 =		+290 =	
SUBTOTAL (2)				\$135.00		\$

**3. ADDITIONAL FEES:**

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> LATE FILING, FEE OR OATH	\$65	\$65.00	\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
SUBTOTAL (3)		\$65.00		\$

**TOTAL FILING FEES: \$585.00**A check is enclosed for the total amount: **\$585.00**☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 19-5029.

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By: Kevin W. King  
Reg. No. 42,737Date: **October 6, 2003**